



702 3732
PATENT
5838-00300

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/864,510

§ Examiner: R. A. Lewis
§ Group/Art Unit: 3732
§ Atty. Dkt. No.: 5838-00300

Confirmation No.: 2445

Filing Date: May 24, 2001

Inventors: Murphy et al.

Title: VENTRICULAR
RESTORATION SHAPING
APPARATUS AND METHOD
OF USE

CERTIFICATE OF MAILING
UNDER 37 C.F.R. §1.8

DATE OF DEPOSIT: May 13, 2005

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail on the date indicated above and is addressed to:
Commissioner for Patents
Alexandria VA 22313

[Signature]
Jackie L. Pitre

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Sir:

It is respectfully requested that this Information Disclosure Statement be entered and the documents listed on attached Form PTO-1449 be considered by the Examiner and made of record. Copies of U.S. Patents and U.S. Patent Applications are not required and have not been provided.

It is hereby certified that reference numbers HH1-HH2 in the enclosed Information Disclosure Statement were not cited in a communication from a foreign patent office in a counterpart foreign application or, to the knowledge of the undersigned person after making reasonable inquiry, was known to any individual designated in § 1.56 (c) more than three months prior to the filing of the Statement.

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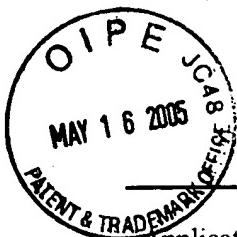
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Enclosed is a fee authorization form for the filing of this Information Disclosure Statement. Should any further fees be required, the Commissioner is authorized to charge said fees to Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C. Deposit Account No. 50-1505/5838-00300/EBM.

Respectfully submitted,

Eric B. Meyertons
Reg. No. 34,876
Attorney for Applicants

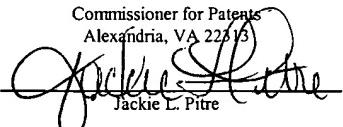
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Date: May 13, 2005



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FEE AUTHORIZATION

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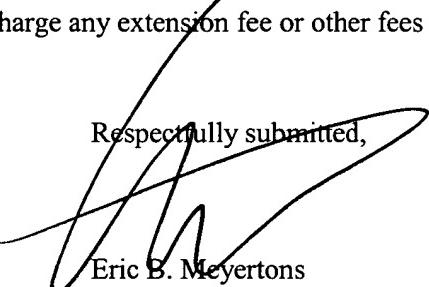
Sir:

The Commissioner is hereby authorized to charge the following fees to Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C. Deposit Account Number 15-1505/5838-00300/EBM:

1. Information Disclosure Statement Fee	\$180.00
TOTAL AMOUNT: <u>\$180.00</u>	

The Commissioner is also authorized to charge any extension fee or other fees that may be necessary to the same account number.

Respectfully submitted,


Eric B. Meyertons
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Attorney for Applicants

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EXAMINER:

DATE CONSIDERED:

EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to the patent owner.